

# METHODOLOGY



## CHAPTER-III

### Methodology

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#### SAMPLE

The sample consisted of 300 women (100- female sex workers, 100- working women, 100- home maker women) belonging to the age group of 25-40. The sample would be randomly selected from the women living in Delhi NCR region on availability basis. Participants were be contacted individually. Rapport was established with the respondents by informing them about the purpose the study. After establishing the rapport with the participants, written consent was taken from them to give their responses to the questionnaire related to study. The instructions were provided to every respondent carefully about response pattern to the items of the scale given by the researcher. Confidentiality of the response was assured. After giving instructions questionnaire were given to the participants to be filled within specified timings than the questionnaire was taken back.

#### TESTS AND TOOLS

- Composite Abuse Scale (Revised) Short Form (CASR-SF; Gilboe et al., 2016).
- Mental Health Inventory (MHI-1; Veit and Ware, 1983).
- Early Trauma Inventory Self Report-Short Form (ETISR-SF; Bremner, 2011).
- Unconditional Self-Acceptance Questionnaire (USAQ; Chamberlain and Haaga, 2001).
- Iranian Social Health Questionnaire (IrSHQ; Rafiey et al., 2017).

#### BRIEF DESRIPTION OF THE TESTS

##### **Composite Abuse Scale (Revised) Short Form (CASR-SF; Gilboe et al., 2016)**

CASR-SF is a 15-item instrument that captures physical, sexual and psychological abuse, financial abuse and object of threat. The CASR-SF is based on the 30-item Composite Abuse Scale. The CASR-SF was developed to improve the CAS regarding response burden, brevity and clarity.

Women will be asked 15 questions about different actions and have the possibility to answer: Have this ever happened to you? Yes /No. If yes, how often did it happened in the last 12 months: Not in the past 12 months, once, a few times, monthly, weekly, daily/almost daily (0 to 5 scale). Total scores for the CASR-SF, ranging from 0 to 75, would be calculated by computing mean of frequency of abuse within past 12-month and multiplying it by 15. Subscale scores will be calculated for the physical, sexual and psychological, financial abuse and object of threat in a similar manner. High score on this scale manifested that high level of abuse experience by the subject and vice-versa.

### **Mental Health Inventory (MHI-18; Veit and Ware, 1983)**

The Mental Health Inventory (MHI) is a widely-accepted measure of overall emotional functioning developed by Veit and Ware (1983) for the Rand Health Insurance Experiment. It covers a wide range of negative and positive emotions, not just psychopathology. The 18-item version of the MHI is included in the MSQLI because it is reasonably brief, reliable, and preserves the subscale structure. 29 b) Administration Most items are self-explanatory.

Note that the 5-item Mental Health Scale (MH) on the SF-36 is drawn from the MHI. c) Scoring (Standard 18-item version) The MHI has 4 subscales (Anxiety, Depression, Behavioural Control, and Positive Affect) and 1 total score. The subscale and total scores range from 0-100, with higher scores indicating better mental health. MHI-18 Total Score: Assign raw scores to Items #1, 3, 5, 7, 8, 10, 13, and 15 as follows: All of the time (1) = 6 Most of the time (2) = 5 A good bit of the time (3) = 4 Some of the time (4) = 3 A little of the time (5) = 2 None of the time (6) = 1 No conversion is needed for the remaining items. After making the above conversions, compute the Mean MHI Score as follows: Mean MHI Raw Score =  $[d \text{ (Items 1+2+3+...18)}]/18$ .

Thus, the mean MHI Raw Score will range from 1-6. Next, compute the MHI Total Score (a transformed score) as follows: MHI Total Score =  $[(\text{Mean MHI-1}) * 100]/5$  Thus, scores on this scale can range from 0-100. Note: If the patient skipped more than 9 items, the total score should not be computed. Anxiety Subscale (MHA): Assign raw scores to Item #10 as follows: All of the time (1) = 6 Most of the time (2) = 5 A good bit of the time (3) = 4 Some of the time (4) = 3 A little of the time (5) = 2 None of the time (6) = 1 No conversion is needed for Items #4, 6, 11, and 18. After making the above conversions, compute the mean subscale score for the Anxiety Subscale as follows: Mean Subscale Score =  $[d \text{ (Items 4+6+10+11+18)}]/5$ .

Thus, the mean subscale score will range from 1-6. Next, compute the MHA Total Score (a transformed score) as follows:  $30 \text{ MHA Total Score} = [( \text{Mean Anxiety Subscale Score} - 1) * 100] / 5$  Thus, scores on this scale can range from 0-100. Note: If the patient skipped more than 2 items, the Anxiety Subscale score should not be computed. Depression Subscale (MHD): No conversion of raw scores is needed. Compute the mean subscale score for the Anxiety Subscale as follows:  $\text{Mean Subscale Score} = [d \text{ (Items 2+9+12+14)}] / 4$  Thus, the mean subscale score will range from 1-6. Next, compute the MHD Total Score (a transformed score) as follows:  $\text{MHD Total Score} = [( \text{Mean Depression Subscale Score} - 1) * 100] / 5$ .

Thus, scores on this scale can range from 0-100. Note: If the patient skipped more than 2 items, the Depression Subscale score should not be computed. Behaviour Control Subscale (MHC): Assign raw scores to Items #5 and 8 as follows: All of the time (1) = 6 Most of the time (2) = 5 A good bit of the time (3) = 4 Some of the time (4) = 3 A little of the time (5) = 2 None of the time (6) = 1 No conversion is needed for Items #16 and 17. After making the above conversions, compute the mean subscale score for the Behaviour Control Subscale as follows:  $\text{Mean Subscale Score} = [d \text{ (Items 5+8+16+17)}] / 4$  Thus, the mean subscale score will range from 1-6. Next, compute the MHC Total Score (a transformed score) as follows:  $\text{MHC Total Score} = [( \text{Mean Behaviour Control Subscale Score} - 1) * 100] / 5$ .

Thus, scores on this scale can range from 0-100. Note: If the patient skipped more than 2 items, the Behaviour Control Subscale score should not be computed. Positive Affect Subscale (MHP): Assign raw scores to Items #1, 7, 13, and 15 as follows: All of the time (1) = 6 Most of the time (2) = 5 A good bit of the time (3) = 4 Some of the time (4) = 3 A little of the time (5) = 2 None of the time (6) = 1 31 After making the above conversions, compute the mean subscale score for the Positive Affect Subscale as follows:  $\text{Mean Subscale Score} = [d \text{ (Items 1+7+13+15)}] / 4$  Thus, the mean subscale score will range from 1-6. Next, compute the MHP Total Score (a transformed score) as follows:  $\text{MHP Total Score} = [( \text{Mean Positive Affect Subscale Score} - 1) * 100] / 5$  Thus, scores on this scale can range from 0-100. Note: If the patient skipped more than 2 items, the Positive Affect Subscale score should not be computed.

### **Early Trauma Inventory Self Report-Short Form (ETISR-SF; Bremner, 2011)**

The ETISR-SF is a 27-item questionnaire used for the assessment of the four domains of physical (5 items), emotional (5 items), and sexual (6 items) abuse, as well as general traumatic

experiences (11 items). Out of these four subscales we used only three subscales in this research. It categorically assesses the existence of traumatic events that occurred before the age of 18. Each traumatic experience was scored dichotomously (yes=1/no=0). The sum of scores of each domain and the total scores were calculated.

The measure has been shown to have excellent validity and internal consistency among Korean adult population (Cronbach's  $\alpha=0.869$ , test-retest reliability=0.844). In this research we used only 3 domains for assessment these subscales are physical (5 items), emotional (5 items) and sexual (6 items).

### **Iranian Social Health Questionnaire (IrSHQ; Rafiey et al., 2017)**

The final version of the IrSHQ consisted of 29 items organized in seven subscales, as following: 1. 'Social interaction' accounted for 27.7% of the total variance. Social interaction included 9 items (eigenvalue = 8.03) in the final questionnaire; it reflected information about the process by which we act and react to those around us. All of the 9 items loaded in a positive direction. 'Social responsibility' accounted for 10.1% of the total variance, and included three items (eigenvalue = 2.93) with very high factor loadings ranging from 0.76 to 0.84.

These items loaded in a positive direction, and focused on a framework that every individual has to behave ethically and with sensitivity towards social, cultural, economic, and environmental issues for the benefit of society. Conscientiousness was referred to the personality trait of being thorough, careful, or vigilant towards the society. Conscientiousness included 5 items (eigenvalue = 2.06) that loaded in a positive direction, and accounted for 7.1% of the total variance. Attitude to Society accounted for 6.2% of the total variance, and included three items (eigenvalue = 1.8) with very high factor loadings ranging from 0.71 to 0.82.

Attitude to Society was about predisposition or tendency to respond positively or negatively towards a community or society. Attitude to Society statements loaded in a positive direction. 'Empathy' accounted for 4.5% of the total variance and comprised five positive items (eigen value = 1.32).

Empathy was about the feeling that one person could understand and share another person's experiences and emotions. Family relationship accounted for 3.7% of the total variance, and included two positive items (eigen value = 1.09). These statements referred to quantity and quality of family relationships with each other. Social participation accounted for 3.6% of the total variance. Social participation comprised 2 positive items, and referred to one's degree of

participation in a community or society. This seven-factor solution was responsible for 63.1% of the total variance. High scores on all dimensions of scale showed high social health on all domain and vice-versa.

### **Unconditional Self-Acceptance Questionnaire (USAQ; Chamberlain & Haaga, 2001)**

Ellis (1977) defines unconditional self-acceptance as someone who, “fully and unconditionally accepts themselves whether or not they behave intelligently, correctly, or competently and whether or not other people approve, respect, or love them”. This instrument is derived from rational-emotive behaviour therapy and measures the amount of self-acceptance an individual experiences that is not dependent on some type of evaluative criteria. This 20-item likert self-report instrument measures responses ranging from 1 – “almost always untrue” to 7 – “almost always true.” Sample items include: “I believe that I am worthwhile simply because I am a human being” and “I feel I am a valuable person even when other people disapprove of me.”

Total scores range from 20 to 140, with higher totals indicating greater levels of unconditional self-acceptance. The original version of this measurement had a moderate internal consistency ( $\alpha=.72$ ), but this figure was improved through rewording three question items ( $\alpha=.86$ ; Chamberlain & Haaga, 2001). As such, nine items were scored directly (e.g., “I believe that I am worthwhile simply because I am a human being”), while eleven items were reverse-scored (e.g., “To feel like a worthwhile person, I must be loved by the people who are important to me”). The Cronbach’s alpha internal consistency reliability coefficient for this sample was .79.

### **STATISTICAL ANALYSES**

Data were analyzed for female sex workers, home makers and working women by suitable statistical techniques:

- 1) Frequency Distribution of Tested Measures
- 2) Descriptive Statistics
- 3) Inter-correlation among different measures
- 4) Factor Analysis